

**MONTGOMERY COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES (MCDHHS)
CONTINUUM OF CARE
HOMELESSNESS MANAGEMENT INFORMATION SYSTEM (HMIS)
USER DEACTIVATION FORM**

Please complete the following for the account deactivation:

Employee Name: _____
(Please print clearly.)

ServicePoint Login ID: _____
(Please print clearly.)

Agency Name: _____
(Please print clearly.)

Supervisor's/Executive Director's Signature: _____

Date: _____

Important

Per the Agency Participation Agreement, please note this form must be completed
within 1 business day after a user is no longer affiliated with your Agency.

If you have any questions regarding the completion of this request,
please contact the HMIS Administrator at 240-777-4818.

After filling out this form, fax it back to Cherisse M. Robles at 240-777-1575 or mail it to the
Cherisse M. Robles
HMIS Administrator
Department of Health and Human Services
IS&T
401 Hungerford Drive
Rockville, MD 20850

To be completed by the HMIS Administrator:

User ID Deactivated: _____

HMIS Administrator Signature: _____

Date: _____